

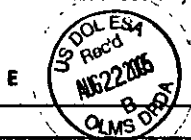
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12643"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="Benedict"/> <input type="text" value="W"/> <input type="text" value="Cozzi"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1965 Dixwell Avenue"/> City <input type="text" value="Hamden"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06514"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="International Union of Operating Engineers 478"/> Labor Organization File Number <input type="text" value="042-729"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1965 Dixwell Avenue"/> City <input type="text" value="Hamden"/> State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06514"/>
5. Position in labor organization. <input type="text" value="President and Business Manager"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text" value="8/12/2005"/>	<input type="text" value="203-288-9261"/>
	Date	Telephone Number

Name of Person Filing Benedict Cozzi

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

9. Business deals with:☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

Meal costs incurred while attending 2004 Board of Trustees Meetings

12.b. Amount.

\$462

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Loomis Sayles & Company, L.P.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Financial Center

City Boston

State Massachusetts ZIP Code + 4 02111

14.a. Nature of payment.

Loomis Sayles & Company, L.P. was in investment manager seeking to manage assets of the I.U.O.E. Local 478 Pension Fund. The manager was hired in 2005

13.b. Is the Business an Employer ☐ **or Consultant** ☒ ?**14.b. Amount of payment.**

\$68

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 1965 Dixwell Avenue
City Hamden
State Connecticut ZIP Code + 4 06514

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State Connecticut ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Business lunch attended

12.b. Amount.

532

Name of Person Filing Benedict Cozzi

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut

ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses incurred while attending and Educational Seminar

12.b. Amount.

\$3,005

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segal Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 116 Huntington Avenue - 8th Floor

City Boston

State Massachusetts

ZIP Code + 4 02116-5744

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

11.a. Nature of such dealing.

The Segal Company provides investment advisory services and consulting services to the I.U.O.E. Local 478 Health Fund.

11.b. Approximate dollar value of such dealing.

\$90,337

12.a. Nature of interest held or income received.

Business lunch attended, two meals

12.b. Amount.

\$215

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schultheis & Panettieri

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 210 Marcus Boulevard

City Hauppauge

State New York

ZIP Code + 4 11788-3701

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

11.a. Nature of such dealing.

Schultheis & Panettieri, LLP provides the Fund with audit and consulting services

11.b. Approximate dollar value of such dealing.

\$62,382

12.a. Nature of interest held or income received.

Business lunch attended

12.b. Amount.

\$28

Name of Person Filing **Benedict Cozzi**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Bank of America (Formerly Fleet Bank)**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **100 Federal Street, 21st Floor**City **Boston**State **Massachusetts** ZIP Code + 4 **02110****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **I.U.O.E. Local 478 Health Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1965 Dixwell Avenue**City **Hamden**State **Colorado** ZIP Code + 4 **06514****11.a. Nature of such dealing.**

Bank of America provides various banking and investment services to the I.U.O.E. Local 478 Health Fund

**See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

2 tickets to baseball game

12.b. Amount.**\$400**

Name of Person Filing Benedict Cozzi

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wright Investors Service, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 Wheelers Farm Road

City Milford

State Connecticut ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

11.a. Nature of such dealing.

Wright Investors Service, Inc. provides investment management services to the I.U.O.E. Local 478

11.b. Approximate dollar value of such dealing.

\$7,089

12.a. Nature of interest held or income received.

2 Business Luncheons attended.

12.b. Amount.

\$166